

L20 000250 914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/21--01025--015 **30.00

22 JAN 11 10:01

T. MATTHEWS

JAN 26 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2021

STACY BLACK
5802 FT. PIERCE BLVD
FT. PIERCE, FL 34951

SUBJECT: TREASURE COAST HAULING AND JUNK REMOVAL LLC
Ref. Number: L20000250914

We have received your document for TREASURE COAST HAULING AND JUNK REMOVAL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 721A00030541

RECEIVED
JAN 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Hauling and Junk Removal LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Black
Name of Person

Treasure Coast Hauling and Junk Removal LLC
Firm/Company

5802 Ft. pierce Blvd.
Address

Ft. pierce FL 34951
City/State and Zip Code

TC Hauling Junk@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Black at 712 323-7814
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Treasure Coast Hauling and Junk Removal
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) LLC

The Articles of Organization for this Limited Liability Company were filed on 8/17/2020 and assigned
Florida document number L20000250914

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|----------------------|--|
| MGR | Stacy Black | 5802 Ft pierce Blvd. | <input checked="" type="checkbox"/> Add |
| | | Ft pierce FL 34951 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Adam Smith | 5802 Ft pierce Blvd | <input type="checkbox"/> Add |
| | | Ft. pierce FL 34951 | <input type="checkbox"/> Remove |
| | | Change Title to AMBR | <input checked="" type="checkbox"/> Change |
| MGR | Jimmie Hegwood | 555 4th St Lot #19 | <input type="checkbox"/> Add |
| | | Vero Beach FL 32902 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

d. $12 \mid 30/21$

Aden *Smith*

Signature of a member or authorized representative of a member

Adam Smith

Typed or printed name of signee

Filing Fee: \$25.00